pairment of his physical health. There is, however, more indication of some cerebral irritation, if it may be correctly termed such, than in any of the preceding cases. It is certainly quite the reverse of the mental obtuseness seen in many cases of deafness. Prognosis was unfavorable, and the case was not seen again after the consultation.

ART. VI.—A CASE OF CHOREA.—A NEW METHOD OF TREATMENT SUGGESTED.

BY RANSOM DEXTER, A.M., M.D., CHICAGO.

IN the early part of January, of the past winter, my attention was called to the case of Miss D., aged thirteen, who had been suffering from impaired health for the previous six or eight weeks. This was attributed to hard study at school, and an effort was made to avert any further serious consequences from that cause, but too late, as the result proved; in less than forty-eight hours after her withdrawal from school, she presented decided symptoms of chorea.

On the 14th of January the disease had fairly made its invasion; and the first prescriptions I thought best suited for the existing conditions were as follows: Extract of valerian and cimicifuga, twice a day; and the elixir of pepsin, bismuth, and strychnia, before each meal; and bromide of potassium and cannabis indica at bed-time.

In a few days I noticed some malarial periodicity, but no cardiac or rheumatic troubles, though my little patient was growing worse rapidly. I now prescribed Fowler's solution of arsenic; but the symptoms appeared obstinate. I then solicited the advice of one of our most competent physicians, who approved of the adjustment of the agents to the peculiarities of the case; but the course of treatment to be instituted

for the periodicity was a complicated question. After canvassing the *pros* and *cons*, we decided to try, cautiously of course, small doses of quinine and iron.

I accordingly did as we thought best; but as soon as the slightest effect of quinine was observable, the following symptoms ensued: Hemiplegia of the left side; dilatation of the pupils of both eyes; some choreic movements during sleep, increasing so much when awake that the patient had to be held down on the bed or lounge; she could not sit up, but, in attempting to do so, would be jerked down, instantly and violently, by the muscular contraction.

But four grains of the quinine had been given when the peculiar symptoms of this complaint became general, and I despaired of saving my patient, apprehending a general failure and wearing out of the vital powers.

Only ten days had now elapsed, and during that time I had reviewed the writings of several of the most able modern writers on the subject, and was unable to see wherein I could improve upon my first system of treatment. This stage of the disease, with its outlook, was unpromising.

Not being satisfied with either the pathology or the therapeutics of the disease in question, I began to review the facts and phenomena, and the following queries suggested themselves to my mind:

1. Why are choreic patients quiet during sleep?
2. Why do noise and excitement aggravate the condition?
3. Why are the symptoms aggravated by the entrance of neighbors or strangers?
4. Why was the condition so unfavorably affected when the piano was played?
5. Why did so small an amount of quinine have such an injurious effect?
6. Finally, what are the unquestionable physiological interpretations of the phenomena under all these conditions and circumstances?

To me, the whole problem seemed solved in an instant, as follows:

1. That all the sensorial ganglia, or the centres for the nerves of the separate senses, were more or less affected;

and that the sensori-motor centres were the special seat of the disease.

2. That the pathological condition could not be other than an asthenic irritation of the sensori-motor organs.

3. That these organs, and especially the sensori-motor guiding ones, must have physiological and therapeutical rest, with the additional treatment by such medicinal agents as will also contribute to that end.

4. If the *physiological* and *therapeutical* rest be the *sine qua non* of treatment, then what is to be done?

At first, I essayed to carry out these ideas by blindfolding my patient, filling the ears with cotton, excluding all company, and keeping her in one room, where everything was familiar. The blindfolding, and cotton in her ears, she could not tolerate, from her sensitive condition. I then ordered the blinds closed, kept her in a middle room of the house, and enjoined the most strict quietude in every particular, even to lying as perfectly still as possible upon a lounge, that the nerves of touch might not be wrought upon; also in every other particular pertaining to the five senses, and muscular motions.

5. Continued the extract of valerian, cannabis indica, and bromide of potassium, with an occasional cathartic to act as a revulsive. Her attendant was her mother, most of the time, but relieved by the patient's father. But little was said in the room; the patient could not speak; and the parents spoke as little as possible, the room being kept in a twilight condition.

In eight hours after this treatment was instituted, we were impressed that a noticeable improvement had ensued; but, within twenty-four hours thereafter, the improvement was a decided one. From that time the improvement continued rapidly; and in six days all choreic movements had subsided.

I do not believe the patient's general health suffered from want of light, but, on the contrary, was much better off without it, as long as she suffered from chorea.

It would be difficult to make me believe that this rapid recovery was a mere coincidence; therefore, I feel at liberty to express my views, and ask the profession to try them, or be governed by the principle that the *sensorial centres in chorea need physiological and therapeutical rest.*